

# INLAND COUNTIES EMERGENCY MEDICAL AGENCY



515 N Arrowhead Avenue  
San Bernardino CA 92415-0060  
Telephone (909) 388-5823  
Fax (909) 388-5825

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DATE: August 10, 2006

TO: ALS and BLS Provider Agencies  
Base Hospital Nurse Managers, PLNs  
Receiving Hospital Nurse Managers  
EMS Aircraft Provider Agencies  
EMS Training Institutions  
CE Providers

FROM: Virginia Hastings  
ICEMA Executive Director

**SUBJECT: EMT-I Certification Issues and Continuing Education Issues**

We have had numerous questions regarding the submission of documentation for those individuals seeking continuous EMT-I certification within the ICEMA Region. This letter will answer your questions and concerns regarding these issues.

Protocols relating to maintaining EMT-I certification became effective on April 1, 2005. These protocols are:

Protocol Reference #15205 Maintaining EMT-I Certification  
Protocol Reference #15207 EMT-I Continuing Education Requirements

Effective immediately, EMT-I's seeking to maintain his/her certification in the ICEMA Region, must include the following documentation with his/her applications:

1. A copy of the front and back of a current BLS/CPR card. Rosters are no longer an acceptable substitute for the CPR card.
2. Copies of CE certificates obtained from an approved EMS CE provider or other approving authority per Title 22, Division 9 Chapter 11 EMS Continuing Education Section 100390.5 **or** a copy of the class roster.
  - a. Individuals may not sign as instructors for their own CEs.
  - b. To obtain CE credit for CPR a roster must be presented from an approved CE provider.
  - c. CE credit may be obtained for EMT-I skills review from an approved CE provider.
3. The original skills competency verification form, EMSA-SCV (07/03).
  - a. All agencies and EMT-I training programs must have their ICEMA Authorized Signature Form on file at ICEMA or the application will be returned.
  - b. An individual may not verify his or her own skills competency.

Enclosed is a copy of the new EMT-I Application. This application may also be obtained on our website at [www.icema.net](http://www.icema.net).

If you have any further questions regarding EMT-I certification, please contact Denise Wicker-Stiles at (909) 388-5813. If you have any questions regarding Continuing Education providers/courses please contact Sarah Momsen, RN at (909) 388-5831.

VH/sm



INLAND COUNTIES EMERGENCY MEDICAL AGENCY

*Serving San Bernardino, Inyo, and Mono Counties*

515 N ARROWHEAD AVENUE

SAN BERNARDINO, CA 92415-0060

909-388-5823 FAX: 909-388-5825

EMT-I CERTIFICATION/RECERTIFICATION

- ☐ Initial Certification (\$30.00)  
☐ Recertification (\$30.00)  
☐ Reciprocity (\$30.00)

*Fees are nonrefundable - Cash or Money Order Only- NO PERSONAL CHECKS ACCEPTED*

Legal Name: \_\_\_\_\_  
Last First Middle Sex (M/F)

Address: \_\_\_\_\_  
Number & Street City State Zip

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone #: \_\_\_\_\_ Drivers License # \_\_\_\_\_

SSN #: \_\_\_\_\_ EMT-I Employer: \_\_\_\_\_

- ☐ Yes ☐ No Has your Driver's License ever been denied, suspended or revoked?  
If "Yes," attach original (not copy) of your current DMV printout with a detailed explanation.
- ☐ Yes ☐ No Have you ever been convicted of a felony or misdemeanor not previously reported?  
If "Yes," attach a detailed explanation. If conviction was the result of a traffic violation, attach original (not copy) of your current DMV printout.
- ☐ Yes ☐ No Have you completed a Department of Justice (DOJ) Live Scan background check or previously submitted a fingerprint card for ICEMA? Your DOJ report also provides ICEMA with ongoing information of any subsequent arrests.
- ☐ Yes ☐ No Have you been or are you currently certified as an EMT-I?  
If "Yes," :  
Name of Certifying Authority: \_\_\_\_\_  
Cert. #: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ Yes ☐ No Have you at any time been denied certification as an EMT-I or had your EMT-I certification or EMT- P License suspended or revoked?  
If "Yes," attach a detailed explanation.
- ☐ Yes ☐ No Have you passed the National Registry written exam?  
Exam Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ NREMT Number: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If there are no unusual circumstances, applications should be processed within 15 days following receipt of completed application *and* supporting documentation. Those individuals waiting for Live Scan results may experience longer delays due to DOJ processing. All fees are nonrefundable and nontransferable.

**OFFICE USE ONLY:** BLS Exp. Date \_\_\_\_\_  
Cert. No. \_\_\_\_\_ Effective \_\_\_\_\_  
Accounting \_\_\_\_\_ Exp. Date \_\_\_\_\_

**INSTRUCTIONS FOR EMT-I APPLICATION**  
**Please Read Thoroughly and Completely**  
**Incomplete Applications Will Not Be Accepted and Will Be Returned**

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ICEMA must receive your completed application within two (2) years of course completion

**SUBMIT THE FOLLOWING FOR INITIAL CERTIFICATION:**

- ☐ Completed original application
- ☐ Copy of course completion certificate
- ☐ Cash or Money Order (NO PERSONAL CHECKS)
- ☐ Proof of Live Scan submission
- ☐ Copy of current Driver's License (*for ID purposes*)
- ☐ Copy of front and back of signed CPR \*\*
- ☐ Current photo, taken within the last 6 months, D.L. size, no tinted glasses or hats\*
- ☐ Copy of current EMT-I certification card, National Registry or California EMT-Paramedic license

**SUBMIT THE FOLLOWING FOR RECERTIFICATION/RECIPROCITY:**

- ☐ Completed original application
- ☐ Cash or Money Order (NO PERSONAL CHECKS)
- ☐ Original Skills Competency Verification form
- ☐ Copy of front and back of signed CPR\*\*
- ☐ Copy of current Driver's License (*for ID purposes*)
- ☐ Copy of current EMT-I certification card, National Registry or California EMT-Paramedic license
- ☐ Current photo, taken within the last 6 months, D.L. size, no tinted glasses or hats\*
- ☐ Complete the EMT-I Statement of CE requirements below (*MUST SUBMIT DOCUMENTATION*)

\* *Photos are taken at ICEMA at no additional charge.*

\*\* *CPR card must meet or exceed the current "Guidelines and Standards for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care"*

**Document EMT-I Recertification CE Requirements Below AND**  
**Provide Copies of the Roster or CE Certificate from Each Class Attended**  
(*For specific requirements please refer to ICEMA Protocol Reference # 15201*)

Course Title	Provider Name	CE Provider #	Date	Hours

*Please use supplemental CE form for additional courses*

*I hereby certify under penalty of perjury that I have read and understand the requirements for certification as an EMT-I, and am eligible for such certification in accordance with Sections 100057-100086, not consecutive, of Title 22, Division 9, Chapter 2 of the California Administrative Code I also declare that I have successfully passed the final certifying examination after successful completion of all components of the course. I understand that any fraudulent entry on this application may be considered cause for denial or subsequent revocation of my certification without the opportunity of appeal and I hereby authorize ICEMA and/or its affiliates and/or any one or more of the Inland Counties' Health Departments, permission to verify any and all information contained herein.*

*I also hereby authorize verification of any and all information contained herein and authorize release of any and all information as deemed relevant to my certification process to my employer. I agree to hold ICEMA harmless from any act or action resulting from the release of the information as stated above.*

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**Signature/Date**

**INLAND COUNTIES EMERGENCY MEDICAL AGENCY**

Serving San Bernardino, Inyo, and Mono Counties

**515 N ARROWHEAD AVENUE****SAN BERNARDINO, CA 92415-0060****909-388-5823 FAX: 909-388-5825****SUPPLEMENTAL CE FORM**

Name : \_\_\_\_\_

Cert. #: \_\_\_\_\_

Course Title	Provider Name	CE Provider #	Date	Hours

*I hereby certify under penalty of perjury that I have read and understand the requirements for certification as an EMT-I, and am eligible for such certification in accordance with Sections 100057-100086, not consecutive, of Title 22, Division 9, Chapter 2 of the California Administrative Code I also declare that I have successfully passed the final certifying examination after successful completion of all components of the course. I understand that any fraudulent entry on this application may be considered cause for denial or subsequent revocation of my certification without the opportunity of appeal and I hereby authorize ICEMA and/or its affiliates and/or any one or more of the Inland Counties' Health Departments, permission to verify any and all information contained herein.*

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\_\_\_\_\_  
Signature/Date

EMT-I CE SUPPLEMENTAL 081006